

Fill in this information to identify the case:

Debtor name Alligned Development LLCUnited States Bankruptcy Court for the: _____ District of MD
(State)Case number (if known): 24-11929☒ Check if this is an amended filing

Official Form 206D Amended

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim
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2.1 Creditor's name <u>Washington Capitol Partners</u> Creditor's mailing address <u>84801 Greensboro Dr. Suite 960</u> <u>McLean, VA</u> Creditor's email address, if known _____ Date debt was incurred <u>July 5, 2022</u> Last 4 digits of account number <u>N/A</u> Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____ _____ _____	Describe debtor's property that is subject to a lien <u>Deed of Trust on 1815 8th St Washington DC</u> \$ <u>895,669.74</u> \$ <u>\$1,600,000</u> Describe the lien <u>1st Deed of Trust</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
2.2 Creditor's name _____ Creditor's mailing address _____ _____ Creditor's email address, if known _____ Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____ \$ _____ \$ _____ Describe the lien _____ Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

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United States Bankruptcy Court for the: _____ District of MD
(State)

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AMENDED

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)1a. **Real property:**

Copy line 88 from Schedule A/B.....

\$ 1,600,000

1b. **Total personal property:**

Copy line 91A from Schedule A/B.....

\$ 0.00

1c. **Total of all property:**

Copy line 92 from Schedule A/B.....

\$ 1,600,000.00

Part 2: Summary of Liabilities2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D.....

\$ 895,669.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$ 119,257.00

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$ 1,014,926.00